

EXHIBIT 21

LEAVE REQ NO

LEAVE REQUEST DATE

RETURN REQ NO

RETURN REQUEST DATE

☒ LEAVE OF ABSENCE (09)

AGGREGATE LEAVE OF ABSENCE (11)

RETURN FROM LEAVE (10)

SSN

EMPLOYEE NAME

LAST

FIRST

MI

TITLE

EMPLOYEE STATUS BEFORE REQUEST

A. TITLE NAME :

B. APPT TYP :

C. DEPT :

D. DIVISION, BUREAU, INSTITUTION :

E. P/R NO :

F. ACCOUNT NUMBER :

G. POS NO :

ORG FUND PROG OBJ CC PA EXT

H. TITLE CODE :

RNGE CODE :

I. ANNIV :

J. STEP :

K. TYPE OF SVC :

L. BASE :

M. EXTRA :

N. TOTAL :

O. COMP METHOD :

P. PERM TITLE :

Q. DATE OF HIRE :

R. UNIT :

LEAVE OF ABSENCE DATA (09)

LEAVE REASON CODE :

DESC :

TIME PERIOD-WP :

FROM :

THRU :

HALF DAY:

TIME PERIOD-WOP :

FROM :

THRU :

HALF DAY:

4. STIPEND AMOUNT :

5. SALARY PERCENTAGE : -PMIS APPROVED

RETURN FROM LEAVE DATA (10)

1. LEAVE RETURN DATE :

2. COMP METH :

PMIS APPROVED

NEW ANNIV DATE:

AGGREGATE LEAVE DATA (11)

1. AGGREGATE NUMBER OF LEAVE OF ABSENCE DAYS :

3. DATES

FROM :

THRU :

- SIGNATURES -

EMPLOYEE

PERSONNEL OFFICER

APPOINTING AUTHORITY/APPROVAL OFFICER

SUPERVISOR

ADJUDICATING AUTHORITY



EXHIBIT 22

LEAVE REQ NO

0702306

LEAVE REQUEST DATE

RETURN REQ NO

0702365

RETURN REQUEST DATE

LEAVE OF ABSENCE (09)

AGGREGATE LEAVE OF ABSENCE (11)

RETURN FROM LEAVE (10)

SSN 157546131

EMPLOYEE NAME

Atkinson Phyllis

LAST

FIRST

MI TITLE

EMPLOYEE STATUS BEFORE REQUEST

A. TITLE NAME :

P.C.I.T.

B. APPT TYP :

C. DEPT :

D. DIVISION, BUREAU, INSTITUTION :

E. P/R NO :

F. ACCOUNT NUMBER :

G. POS NO :

ORG. FUND PROG OBJ CC - PA EXT

H. TITLE CODE :

RNGE CODE :

I. ANNIV :

18/66

J. STEP :

K. TYPE OF SVC :

L. BASE :

M. EXTRA :

N. TOTAL :

O. COMP METHOD :

P. PERM TITLE :

Q. DATE OF HIRE :

R. UNIT :

LEAVE OF ABSENCE DATA (09)

LEAVE REASON CODE :

005

DESC :

Personal Reasons

TIME PERIOD-WP :

FROM :

THRU :

HALF DAY :

3. TIME PERIOD-WOP :

FROM :

THRU :

HALF DAY :

4. STIPEND AMOUNT :

5. SALARY PERCENTAGE :

PMIS APPROVED

RETURN FROM LEAVE DATA (10)

1. LEAVE RETURN DATE :

5/2/07

2. COMP METH :

PMIS APPROVED

3. NEW ANNIV DATE :

1/9/06

Return for record purposes - employee rel 5/9

AGGREGATE LEAVE DATA (11)

Rec. Blue A's 5/23.

1. AGGREGATE NUMBER OF LEAVE OF ABSENCE DAYS :

2. NEW ANNIV DATE :

3. DATES

FROM :

THRU :

- SIGNATURES -

EMPLOYEE

PERSONNEL OFFICER

APPOINTING AUTHORITY/APPROVAL OFFICER

ERVISOR

NDING AUTHORITY

C. P.



EXHIBIT 23

LEAVE REQ NO 0701185
RETURN REQ NO 701746

LEAVE REQUEST DATE _____
RETURN REQUEST DATE _____

LEAVE OF ABSENCE (09)

AGGREGATE LEAVE OF ABSENCE (11)

PMIS APPROVED RETURN FROM LEAVE (10)

SSN 157 54-6131

EMPLOYEE NAME

Atkinson Phyllis

LAST

FIRST

MI

TITLE

EMPLOYEE STATUS BEFORE REQUEST

A. TITLE NAME :

PCT, Nursing

B. APPT TYP : _____

C. DEPT : _____

D. DIVISION, BUREAU, INSTITUTION : _____

PMIS APPROVED E. EMP NO : _____

F. ACCOUNT NUMBER : _____

G. POS NO : _____

ORG FUND PROG OBJ CC PA EXT

H. TITLE CODE : _____

RNGE CODE : _____

I. ANNIV : 14/06

J. STEP : _____

K. TYPE OF SVC : _____

L. BASE : _____

M. EXTRA : _____

N. TOTAL : _____

O. COMP METHOD : _____

P. PERM TITLE : _____

Q. DATE OF HIRE : _____

R. UNIT : _____

LEAVE OF ABSENCE DATA (09)

1. PMIS APPROVED
AVE REASON CODE :

069 Personal Illness

DESC :

TIME PERIOD-WP :

FROM :

THRU :

HALF DAY : _____

TIME PERIOD-WOP :

FROM :

THRU :

HALF DAY : _____

PMIS APPROVED

4. STIPEND AMOUNT : _____

5. SALARY PERCENTAGE : _____

PMIS APPROVED

RETURN FROM LEAVE DATA (10)

1. LEAVE RETURN DATE :

1/3/07

2. COMP METH : _____

3. NEW ANNIV DATE :

18/06

AGGREGATE LEAVE DATA (11)

1. AGGREGATE NUMBER OF LEAVE OF ABSENCE DAYS : _____

2. NEW ANNIV DATE : _____

3. DATES

FROM :

THRU :

- SIGNATURES -

EMPLOYEE

PERSONNEL OFFICER

APPOINTING AUTHORITY/APPROVAL OFFICER

SUPERVISOR

DIRECTING AUTHORITY

L. Pucen

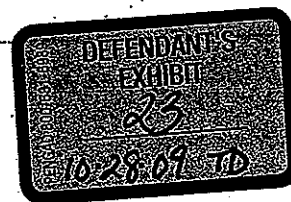


EXHIBIT 24

LEAVE REQ NO 600869

LEAVE REQUEST DATE

RETURN REQ NO 601353

RETURN REQUEST DATE

LEAVE OF ABSENCE (09)

AGGREGATE LEAVE OF ABSENCE (11)

PMIS APPROVED

RETURN FROM LEAVE (10)

SSN 6754-6131

EMPLOYEE NAME

LAST

FIRST

MI

TITLE

EMPLOYEE STATUS BEFORE REQUEST

A. TITLE NAME :

B. APPT TYP :

C. DEPT :

D. DIVISION, BUREAU, INSTITUTION :

E. P/R NO :

F. ACCOUNT NUMBER :

G. POS NO :

ORG FUND PROG OBJ CC PA EXT

H. TITLE CODE :

RNGE CODE :

I. ANNIV

J. STEP :

K. TYPE OF SVC :

L. BASE :

M. EXTRA :

N. TOTAL :

O. COMP METHOD :

P. PERM TITLE :

Q. DATE OF HIRE :

R. UNIT :

PMIS APPROVED

LEAVE OF ABSENCE DATA (09)

LEAVE REASON CODE

DESC :

TIME PERIOD-WP

FROM :

THRU :

HALF DAY:

3. TIME PERIOD-WP

FROM :

THRU :

HALF DAY:

4. STIPEND AMOUNT

5. SALARY PERCENTAGE :

PMIS APPROVED

RETURN FROM LEAVE DATA (10)

1. LEAVE RETURN DATE :

2. COMP METH :

3. NEW ANNIV DATE:

AGGREGATE LEAVE DATA (11)

1. AGGREGATE NUMBER OF LEAVE OF ABSENCE DAYS :

2. NEW ANNIV DATE:

3. DATES

FROM :

THRU :

SIGNATURES

EMPLOYEE

PERSONNEL OFFICER

APPOINTING AUTHORITY/APPROVAL OFFICER

REVISOR

ADJUDICATING AUTHORITY



EXHIBIT 25

LEAVE REQ NO 600452

LEAVE REQUEST DATE _____

RETURN REQ NO _____

RETURN REQUEST DATE _____

LEAVE OF ABSENCE (09) _____

AGGREGATE LEAVE OF ABSENCE (11) _____

RETURN FROM LEAVE (10) _____

SSN 157-54-6131EMPLOYEE NAME Attensor Phyllis

LAST

FIRST

MI TITLE

EMPLOYEE STATUS BEFORE REQUEST

A. TITLE NAME : PCT HCE

B. APPT TYP : _____

C. DEPT : _____

D. DIVISION, BUREAU, INSTITUTION : _____

E. P/R NO : _____

F. ACCOUNT NUMBER : _____

G. POS NO : _____

ORG FUND PROG OBJ CC PA EXT

H. TITLE CODE : _____

RNGE CODE : _____

I. ANNIV : _____

J. STEP : _____

K. TYPE OF SVC : _____

L. BASE : _____

M. EXTRA : _____

N. TOTAL : _____

O. COMP METHOD : _____

P. PERM TITLE : _____

Q. DATE OF HIRE : _____

R. UNIT : _____

PMIS APPROVED

LEAVE OF ABSENCE DATA (09)

LEAVE REASON CODE 006DESC : Personal Illness

TIME PERIOD-WP : _____

FROM : _____

THRU : _____

HALF DAY : _____

3. TIME PERIOD-WOP : _____

FROM : 9/1/05THRU : 11/1/05

HALF DAY : _____

4. STIPEND AMOUNT : _____

5. SALARY PERCENTAGE : _____

RETURN FROM LEAVE DATA (10)

1. LEAVE RETURN DATE : _____

2. COMP METH : _____

3. NEW ANNIV DATE : _____

AGGREGATE LEAVE DATA (11)

1. AGGREGATE NUMBER OF LEAVE OF ABSENCE DAYS : _____

2. NEW ANNIV DATE : _____

3. DATES - FROM : _____ THRU : _____

- SIGNATURES -

EMPLOYEE

PERSONNEL OFFICER

PRINTING AUTHORITY/APPROVAL OFFICER

SUPERVISOR

FUNDING AUTHORITY

ATKINSON PERS 13

DPF-531 Revised 2-87



EXHIBIT 26

LEAVE REQ NO 501849 RETURN REQ NO 501981 LEAVE REQUEST DATE _____ RETURN REQUEST DATE _____

LEAVE OF ABSENCE (09)

AGGREGATE LEAVE OF ABSENCE (11)

RETURN FROM LEAVE (10)

SSN 18754-6131 EMPLOYEE NAME Atkinson Phyllis LAST FIRST MI TITLE

EMPLOYEE STATUS BEFORE REQUEST

A. TITLE NAME : PCT HCC

B. APPT TYP : _____

C. DEPT : _____

D. DIVISION, BUREAU, INSTITUTION : _____

E. P/R NO : _____

F. ACCOUNT NUMBER : _____

G. POS NO : _____

H. TITLE CODE : _____ I. ANNIV 2/98 EXT

K. TYPE OF SVC : _____

L. BASE : _____

M. EXTRA : _____

N. TOTAL : _____

O. COMP METHOD : _____

P. PERM TITLE : _____

Q. DATE OF HIRE : _____

R. UNIT : _____

LEAVE OF ABSENCE DATA (09)

1. LEAVE REASON CODE : PMIS APPROVED 006

DESC : Personal Illness

TIME PERIOD-WP : _____

FROM : _____

THRU : _____

HALF DAY : _____

TIME PERIOD-WOP : 3/5/05

FROM : 5/21/05

THRU : 5/31/05

HALF DAY : _____

4. STIPEND AMOUNT : _____

5. SALARY PERCENTAGE : _____

RETURN FROM LEAVE DATA (10)

1. LEAVE RETURN DATE : 6/1/05

2. COMP METH : PMIS APPROVED

3. NEW ANNIV DATE : 8/98

AGGREGATE LEAVE DATA (11)

1. AGGREGATE NUMBER OF LEAVE OF ABSENCE DAYS : _____

2. NEW ANNIV DATE : _____

3. DATES FROM : _____ THRU : _____

- SIGNATURES -

EMPLOYEE

PERSONNEL OFFICER

APPOINTING AUTHORITY/APPROVAL OFFICER

SUPERVISOR

ADJUDICATING AUTHORITY

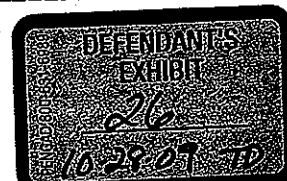


EXHIBIT 27

TO THE EMPLOYEES
OF
THE DEPARTMENT OF HUMAN SERVICES

The purpose of the Disciplinary Action Booklet is to help department supervisors meet their managerial responsibilities and to advise all employees of the Department's standards for on-the-job performance. The Table of Offenses and Penalties, as well as the Corrective Steps Procedure at the end of the Booklet, should be closely reviewed.

Each Institution and Agency has an Employee Relations Office with staff available to answer questions and provide information relative to the administration of ADMINISTRATIVE ORDER 4:08.

It is important that all supervisors and employees review and understand the contents of the Disciplinary Action Booklet. This will ensure that all of us are working within the same clear, stated guidelines and rules, and will, in turn, lead to the expectation of fair and consistent treatment within this framework.

ADMINISTRATIVE ORDER 4:08

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE January 1, 1981

DATE ISSUED December 1, 1980

SUBJECT: DISCIPLINARY ACTION POLICIES AND RESPONSIBILITIES

This ADMINISTRATIVE ORDER establishes policies and responsibilities for the employee disciplinary action function within the Department.

I. REPORTING TO THE DEPUTY COMMISSIONER, THE DIRECTOR OF EMPLOYEE RELATIONS CARRIES THE FOLLOWING RESPONSIBILITIES:

- A. To direct the administration and application of the ADMINISTRATIVE ORDER.
 - B. To compose, promulgate and direct the administration and application of a series of directives for the administration of the disciplinary process for all employees within the Department.
 - C. To prepare DEPARTMENT OF HUMAN SERVICES TABLE OF OFFENSES AND PENALTIES with the necessary explanations and directions for implementation and application, which upon acceptance would be considered a part of this ADMINISTRATIVE ORDER.
 - D. To establish a system to post-audit disciplinary actions.
 - E. To act as the Department representative in all matters of employee discipline.
 - F. To evaluate employee relations training needs and in cooperation with the Department's Training Officer initiate measures to meet those needs.
- II. RESPONSIBILITIES OF DEPARTMENT APPOINTING AUTHORITIES:
- A. To assure compliance with this ADMINISTRATIVE ORDER and any directives for the administration of the disciplinary process for all employees.
 - B. To designate an individual responsible for the administration of the disciplinary process.
 - C. To bring to the attention of the Director of Employee Relations any significant problems related to the disciplinary process.

ADMINISTRATIVE ORDER 4:08
Supplement 1

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE January 1, 1981

DATE ISSUED December 1, 1980

SUBJECT: TABLE OF OFFENSES AND PENALTIES AND THEIR APPLICATION

The attached TABLE OF OFFENSES AND PENALTIES accepted and incorporated in this SUPPLEMENT TO ADMINISTRATIVE ORDER 4:08 represent the Department's policies of corrective rather than punitive actions, progressive discipline, a progressive range of penalties for a specific type of offense, and the consideration of appropriate and demonstrable mitigating factors.

All penalties imposed must be within the range of penalties set forth in the TABLE for the particular type of offense and the number of the infraction, unless consideration of mitigating factors would cause the penalty to be deemed inappropriate. Mitigating factors can be length of service, disciplinary record, or other legitimate reasons.

The TABLE OF OFFENSES AND PENALTIES indicates where corrective steps of counseling, oral warnings and written warnings may be taken in lieu of disciplinary action. A record of corrective steps taken is to be made and maintained by the appropriate supervisor and the employee is to be offered a copy of that record. The record of a corrective step is not to be placed in the employee's official personnel file, unless such is used in determining the penalty for a subsequent offense of the same nature. If appropriate, a prior offense which resulted in a corrective step being initiated must be considered when compiling the number of the infraction of a subsequent offense.

The TABLE does not reflect the disciplinary action of "fines." Fines can be instituted as substitution for suspensions or to have an employee make restitution to the State for lost, destroyed, or damaged property.

ADMINISTRATIVE ORDER 4-08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

A. ATTENDANCE	TYPES OF OFFENSES	1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
		Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
1	Absent from work as scheduled without permission and without giving proper notice of intended absence.	WW	OR	OR	R	R					
2	Absent from work as scheduled without permission but with giving proper notice of intended absence.	C	WW	WW	OR	OR	R	R			
3	Abandonment of job as a result of absence from work as scheduled without permission for five (5) consecutive days.		R								
4	Chronic or excessive absenteeism from work without pay	C	WW	WW	OR	OR	R	R			
5	Unreasonable failure to report delay in reporting to work as scheduled.	C	WW	WW	OR	OR	R	R			
6	Unreasonable excuse for lateness of less than fifteen (15) minutes	C	OW	OW	WW	WW	OR	OR	R	R	

KEY: C = Counseling OR = Official Reprimand
 OW = Oral Warning d = Number of Working Days Suspension
 WW = Written Warning D = Demotion
 R = Removal

ADMINISTRATIVE ORDER 4-08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

B. PERFORMANCE	TYPES OF OFFENSES	1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
		Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
7	Repetitive or neglectful lateness of less than fifteen (15) minutes with a reasonable excuse	C	OW	OW	WW	WW	OR	OR	R	R	
8	Unreasonable excuse for lateness more than fifteen (15) minutes	C	WW	WW	OR	OR	R	R			
9	Abuse of sick leave	WW	OR	OR	10d	10d	R	R			
10	Refusal or failure to work overtime without a reasonable excuse	C	OR	OR	3d	3d	10d	10d	R	R	
11	Leaving assigned work area without permission but not creating a danger to persons or property	C	5d	5d	R	R					
12	Leaving assigned work area without permission creating a danger to persons or property.	5d	R	R							
1	Neglect of duty, loafing, idleness or willful failure to devote attention to tasks which would result in causing a danger to persons or property.	C	WW	WW	OR	OR	R	R			

KEY: C = Counseling OR = Official Reprimand
 OW = Oral Warning d = Number of Working Days Suspension
 WW = Written Warning D = Demotion
 R = Removal

ADMINISTRATIVE ORDER 4.08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

	TYPES OF OFFENSES		1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
			Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
2	Neglect of duty, loafing, idleness or willful failure to devote attention to tasks which could result in danger to persons or property		5d	R	R							
3	Sleeping while on duty	2	5d	R	R							
4	Failure or excessive delay in carrying out an order which would not result in danger to persons or property		C	OR	OR	10d	10d	R	R			
5	Failure or excessive delay in carrying out an order which could result in danger to persons or property		5d	R	R							
6	Serious mistake due to carelessness but not resulting in danger to persons or property		C	OR	OR	R	R					
7	Serious mistake due to carelessness which would result in danger and/or injury to persons or property		OR	R	R							

KEY C = Counseling
OW = Oral Warning
WW = Written Warning
OR = Official Reprimand
d = Number of Working Days Suspension
O = Demotion
R = Removal

ADMINISTRATIVE ORDER 4.08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

	TYPES OF OFFENSES		1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
			Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
8	Unsatisfactory performance rating		C	R/D	R/D							
9	Incompetency or inefficiency		C	R/D	OR	R/D	R/D					
10	Inability to discharge one's duty due to mental or physical incapacity.		R/D									
C.	PERSONAL CONDUCT											
1.	Reporting to work unfit for duty		C	WW	WW	OR	OR	R	R			
2	Selling or possession of alcoholic beverages or controlled dangerous substances while on State property		R									
3	Physical or mental abuse of a patient, client, resident or employee	3	R									
4.	Verbal abuse of a patient, client, resident or employee		10d	R	R							

KEY C = Counseling
OW = Oral Warning
WW = Written Warning
OR = Official Reprimand
d = Number of Working Days Suspension
O = Demotion
R = Removal

ADMINISTRATIVE ORDER 4.08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

TYPES OF OFFENSES	1st INFRACTION Min. - Max.	2nd INFRACTION Min. - Max.	3rd INFRACTION Min. - Max.	4th INFRACTION Min. - Max.	5th INFRACTION Min. - Max.
5 Inappropriate physical contact or mistreatment of a patient, client, resident or employee.	OR R	R			
6 Unlawfully betting or gambling or promotion thereof on State property.	OR 10d	10d R	R		
7 Fighting or creating a disturbance on State property	OR R	R			
8 Falsification, intentional misstatement of material fact in connection with work, employment, application, attendance or in any record, report, investigation or other proceeding	C R	R			
9 Insubordination; intentional disobedience or refusal to accept a reasonable order; assaulting or resisting authority; disrespect or use of insulting or abusive language to supervisor	C R	5d R	R		
10. Divulging confidential information without proper authority	C R	R			

KEY C - Counseling
OW - Oral Warning
WW - Written Warning
OR - Official Reprimand
d - Number of Working Days Suspension
D - Denial
R - Removal

ADMINISTRATIVE ORDER 4.08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

TYPES OF OFFENSES	1st INFRACTION Min. - Max.	2nd INFRACTION Min. - Max.	3rd INFRACTION Min. - Max.	4th INFRACTION Min. - Max.	5th INFRACTION Min. - Max.
11 Any improper conduct which violates common decency	OR R	R			
12 Continual use of obscene language	C OR	OR 5d	5d R	R	
13. Actual or attempted theft of State property or equipment or the property of other employees, residents, clients or patients	10d R	R			
14 Willful damage to State property or the property of other employees, residents, clients or patients	10d R	R			
15 Unacceptable personal appearance or unhygienic personal habits which jeopardize the health of employees, residents, clients or patients	C OR	1d 3d	5d 15d	15d R	R
16 Notoriously disgraceful conduct	30d R	R			
17 Misappropriation of funds	R				
18 Unauthorized possession of contraband on State property	OR 5d	5d R	R		

KEY C - Counseling
OW - Oral Warning
WW - Written Warning
OR - Official Reprimand
d - Number of Working Days Suspension
D - Denial
R - Removal

Atkinson NJDC Policies 34

ADMINISTRATIVE ORDER 408
Supplement 1

TABLE OF OFFENSES AND PENALTIES

TYPES OF OFFENSES		1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
		Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
19 Conviction of criminal offense	4	R									
20 Discourtesy to public visitors patients residents or clients		OR	1d	1d	10d	R					
21 Vending, soliciting, or collecting a contribution on State property without authorization		C	5d	5d	R	R					
22 Religious proselytizing of patients, clients or residents.		OR	5d	5d	R	R					
23 Distribution of written or printed matter on premises without authorization		WW	5d	5d	10d	R					
24 Posting or removal of any matter on bulletin boards or State property without authorization		WW	5d	5d	10d	R					
25 Threatening, intimidating, coercing or interfering with fellow employees on State property.		OR	R	3d	R	R					

KEY C = Counseling OR = Official Reprimand
OW = Oral Warning n = Number of Working Days Suspension
WW = Written Warning D = Demotion
R = Removal

ADMINISTRATIVE ORDER 408
Supplement 1

TABLE OF OFFENSES AND PENALTIES

TYPES OF OFFENSES		1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
		Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
26 Willful violation of any of the provisions of the Civil Service statutes rules or regulations		C	5d	5d	R	R					
27 Engaging in any form of political activity during working hours		C	R	R							
28 The use or attempt to use one's authority or official influence to control or modify the political view of any person		R									
D. SAFETY AND SECURITY PRECAUTIONS											
1 Negligence in performing duty resulting in injury to persons or damage to property		5d	R	R							
2 Negligently contributing to an elopement or escape		5d	R	R							
3 Willfully contributing to an elopement or escape		R									
4 Improper or unauthorized conduct with inmate work details		C	5d	5d	R	R					

KEY C = Counseling OR = Official Reprimand
OW = Oral Warning n = Number of Working Days Suspension
WW = Written Warning D = Demotion
R = Removal

ADMINISTRATIVE ORDER 4.08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

TYPES OF OFFENSES	1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
5. Failure to report loss of keys, equipment or badges		10d	10d	R		R				
6. Loss or careless control of keys	OR	5d	5d	10d	10d	R		R		
7. Violation of administrative procedures and/or regulations involving safety and security	OR	R	5d	R	10d	R		R		
8. Unlawful possession of firearms or other weapon on State property		R								
9. Failure to report injury, abuse or accident involving patient, resident or client	1d	5d	5d	10d	10d	R		R		
10. Violation of traffic laws while operating a State vehicle	C	1d	1d	5d	10d	R		R		
11. Use of State vehicle for unauthorized or unofficial purposes	C	3d	3d	10d	10d	R		R		
12. Failure to observe parking regulations on State premises	C	WW	WW	OR	OR	5d	5d	20d		

KEY: C = Counseling
 OW = Oral Warning
 WW = Written Warning
 OR = Official Reprimand
 d = Number of Working Days Suspension
 R = Removal

ADMINISTRATIVE ORDER 4.08

Supplement 1

TABLE OF OFFENSES AND PENALTIES

TYPES OF OFFENSES	1st INFRACTION		2nd INFRACTION		3rd INFRACTION		4th INFRACTION		5th INFRACTION	
	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.
13. Engaging in horseplay, running, scuffling or throwing things	C	3d	3d	5d	5d	10d		R		
14. Engaging in sabotage or espionage		R								
15. Entering restricted areas without specific permission	OR	2d	2d	R		R				
16. Failure to use safety devices	OR	1d	1d	5d	5d	R		R		
17. Engaging in financial transactions between employees, patients, residents or inmates	OR	2d	2d	R		R				
18. Failure to report communicable disease	5	OR	R	R						
E GENERAL										
1. Violation of a rule, regulation, policy, procedure, order or administrative decision	C	R	5d	R		R				
2. Intentional abuse or misuse of authority or position	C	R	5d	R		R				

KEY: C = Counseling
 OW = Oral Warning
 WW = Written Warning
 OR = Official Reprimand
 d = Number of Working Days Suspension
 R = Removal

Atkinson NJDC Policies 36

EXHIBIT 28

North Jersey Developmental Center

Request for Approval of Leave of Absence Due to Illness

Name: Phyllis AtkinsonTitle: PCTCenter Dept./Unit: F HCCShift: 915-515EMPLOYEE INFORMATION:

REASON FOR LEAVE:



Personal Illness



Maternity



Family Member



Family Leave

Phyllis Atkinson
Print Full Name/Relationship

REQUESTED LEAVE:



Continuous



Intermittent (Family Leave only - 6 months at any given time)

I understand that if I require time beyond the period indicated below, I am required to submit both another request for an extended leave of absence and a medical certificate.

Employee Signature: [Signature]Date: 11/04/05

All approved leave requests will be applied against Family Leave, providing the eligibility requirements are met.

PRACTITIONER MEDICAL CERTIFICATION:Date of office visit: Month Day Year
11 04 05Please specify duration of absence: Month Day Year thru Month Day Year
11 04 05 thru 01 06 06

PLEASE REFER TO CONDITION GUIDELINES ON REVERSE SIDE.Please check the appropriate box for employee's condition: ☐ Hospital CareAbsence Plus Treatment: ☐ Treatment of 2 or 3 times ☐ Continuous treatmentChronic Condition: ☒ Periodic visits ☒ Continue over extended period of time ☐ Episodic condition☐ Long term condition requiring supervision ☐ Exposure to contagious disease

ICD CODE: _____

Depression.

Extent of disability:



PERMANENT



TEMPORARY

If pregnancy-disability:

Expected date of delivery

Month Day Year
11 04 05

Approved to work until

Month Day Year
01 06 06

ATKINSON PERS 209

Practitioner Signature: [Signature]Print Name: Robert WagnerDate: 11/4/05Office Address: 220 Hanking Temple
Wayne, NJPhone# 973-942-1118

EXHIBIT 29



DIVISION OF PENSIONS AND BENEFITS

ESTIMATE OF RETIREMENT BENEFITS

June 08, 2007

PHYLLIS ATKINSON

RE: 02-0568406

This Estimate of Retirement Benefits was prepared based on the following information:

Retirement Date:	09/01/2007	Type of Retirement:	EARLY
Service Termination Date:	08/31/2007	Date of Birth:	08/17/1956
Pension Membership Credit as of Termination Date:	25 years 3 months	Nearest age at Retirement*:	51
		Salary used in calculation:	\$ 38,318.56
Your Beneficiary:	TERRANCE L ATKINSON	Beneficiary's Date of Birth:	03/20/1976

* If your age at retirement is under 55, the benefit calculation below includes a reduction of 1/4 of 1% for each month you are under the age of 55. There is no reduction if retiring on a disability retirement.

PENSION Payment Options at Retirement

Payment Option (You may choose only one.)	Annual Benefit	Monthly Benefit	Your Beneficiary's Benefit
Maximum Option	\$ 15,480.60	\$ 1,290.05	No benefit payable to a beneficiary.
Option A	\$ 12,384.48	\$ 1,032.04	\$ 1,032.04 per month upon your death.
Option B	\$ 13,003.68	\$ 1,083.64	\$ 812.73 per month upon your death.
Option C	\$ 13,700.28	\$ 1,141.69	\$ 570.84 per month upon your death.
Option D	\$ 14,814.96	\$ 1,234.58	\$ 308.64 per month upon your death.
Option 1	\$ 15,449.64	\$ 1,287.47	\$ 162,546.30 reduced each month by \$ 1,287.47.
Option 2	\$ 12,539.28	\$ 1,044.94	\$ 1,044.94 per month upon your death.
Option 3	\$ 13,777.68	\$ 1,148.14	\$ 574.07 per month upon your death.
Option 4	N/A		None requested
Life Insurance after Retirement:	\$ 7,711.62	Life insurance available for conversion:	\$ 115,674.45

ATKINSON PERS 134

EXHIBIT 30



NORTH JERSEY DEVELOPMENTAL CENTER

DATE: 12/05/03

To: PHYLLIS ATKINSON
PO BOX 961
PATERSON, NJ 07544

RE: INTERMITTENT FMLA APPROVAL

THIS IS TO ADVISE YOU THAT YOUR REQUEST FOR INTERMITTENT ABSENCES FOR Care of Son.
HAS BEEN APPROVED FOR THE PERIOD 10/30/03 THROUGH 4/30/04.

CENTER CALL-IN PROCEDURES MUST BE FOLLOWED WHEN YOU WILL BE ABSENT FROM WORK DUE TO
THE USE OF INTERMITTENT FAMILY LEAVE (refer to policy R-47).

~~IN ORDER TO BE CREDITED FOR USE OF FMLA AT THE TIME OF CALL-IN, PLEASE STATE THAT THE ABSENCE
IS FOR FMLA, WHO THE ABSENCE IS FOR, AND IF NOT FOR THE EMPLOYEE, THE NAME OF THE FAMILY
MEMBER AND THEIR RELATIONSHIP TO THE EMPLOYEE.~~

The Family and Medical Leave Act (FMLA) requires employers to provide up to 12 weeks of leave. Any absence
will be counted against you FMLA entitlement.

Intermittent leaves of absence are approved for up to six (6) months and requests must be submitted for
extensions.

FOR YOUR INFORMATION: An employee failing to provide the necessary documentation for unauthorized absences
shall be held to have resigned not in good standing under Civil Service Rule: 4A:2-62. We would consider this letter to
have served as sufficient notice.

If the leave is for an illness, a fully completed medical certificate is required. You may wish to use the enclosed form for
this purpose. Your request will receive careful consideration and you will be notified as to whether or not your continued
absences will be approved.

C: Payroll
Timekeeping
Work Unit
Employee File

7003 0500 0004 6834
1197
OFFICE OF PERSONNEL SERVICES



ATKINSON PERS 242